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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### ON CHANGING THE VERTEX, FROM AN OCCIPITO-POSTERIOR TO AN OC- CIPITO-ANTERIOR POSITION.

Read before the Philadelphia County Medical So-  
ciety, at a Conversational Meeting held  
October 10th, 1877.

BY WM. T. TAYLOR, M.D.

Among the various causes of tedious labor there is one of very frequent occurrence; I refer to the delay in consequence of the vertex presenting with the occiput in a posterior position. Dr. Albert H. Smith, in his valuable paper "on retarded dilatation of the os uteri in labor," read before this Society, says, "These are the vastly most numerous cases of delayed dilatation; those most frequently mistaken for cases of rigidity; those most requiring careful management; those most satisfactory in their results, if fully understood."

It is the opinion of some, that a change into an anterior position is of no benefit, for the head will revert to its former position unless the expulsive pains and its descent favor such rotation. Now, it is an established fact, confirmed by experience, that the easiest and speediest labors are those in which the vertex presents with the occiput anterior; and when we can cause the coming head to enter the pelvic cavity in that position we necessarily expedite the birth of the child, provided the pelvis and the head are normal.

For several years past I have observed, and I suppose others have noticed it also, that when a labor has been greatly protracted during

the first stage, if the os was well dilated, and the pelvis roomy, the delay was generally in consequence of the vertex being in an occipito-posterior position, and the second stage would be lingering also. I have therefore been accustomed, in such cases, to gradually introduce my fingers, until I could insinuate my whole hand into the womb, and having grasped the head, to turn it from a fourth to a second, or from a fifth to a first position, which can generally be easily performed before it enters the pelvic cavity. This turn occupies but a small arc of a circle, and if the head is born and the body has not changed its position, the slight twist of the neck will produce no injury, for a return of the head to the original position will occur before the body is born. It is sometimes necessary to keep the head in the altered position with the hand, until the forceps can be applied. The head, however, will not revert to its former position if the body also is turned, which can be accomplished without much difficulty if undertaken sufficiently early in the labor. In these positions of the vertex, I have used the classification of Baudeloque.

Although Madame LaChapelle, Rigby, Nægele, Miller, and others, were opposed to changing the position, saying that nature, in nearly all cases, is competent to accomplish it, yet they admit the labor will be slow and tedious. This change of a "forehead front" into an occiput front," was advocated by Smellie, Baudeloque, Dewees, Hodge, Meigs, and Leishman. Dr. Dewees considered a physician incompetent to practice midwifery, who could not early discover and rectify them; he says "it is an established fact, that in a large majority of

these fourth positions the occiput will rotate forward under the arch of the pubis; but there can be no doubt that in some instances the occiput rotates posteriorly toward the middle of the sacrum, causing delays and difficulties from various causes, which may demand artificial assistance, for the safety of the child, or even of the mother. Hence it becomes necessary to study the mechanism of labor in the fourth position, in order to understand what nature attempts to do in these cases, and when and how to render timely and suitable assistance." He also says, "if meddling midwifery is bad, surely negative midwifery deserves no less reprobation, especially if it involves the prolonged suffering of the mother, and sometimes her life and that of her infant."

Dr. Warrington also recommended the changing of a posterior to an anterior position of the vertex, and he says, "the objection is that the oblique position of the child originally may make it necessary that the neck be twisted more than one-third of a circle, but experience proves that no injury arises from the practice."

The late Dr. Parry, in a paper read before the Obstetrical Society, "On the Use of the Hand to Correct Unfavorable Positions of the Head during Labor," says, "that in cases in which the body of the child cannot be rotated in the uterus by external manipulation, the head may be turned, and the occiput brought in front, without any great danger to the child. It is certainly less dangerous than Simpson's manipulation with the forceps."

Dr. R. Stewart, at a meeting of the Obstetrical Society, also remarked "that there are two conditions, one a real occipito-posterior position, both of the body and the head; the other of the head alone, the body being correct. In the latter case nature will gradually correct it into an occipito-anterior position; but in the former case we must assist, and, as a general rule, must not only turn the head, but go beyond, and by the hand change the shoulders also. For if the shoulders have not been fully turned, the head must be held whilst applying the instruments or it will turn back to the original position."

Velpeau says that "the knowledge of these conversions, naturally, ought not to be overlooked in practice, because, as they are favorable, we may in some instances be enabled to promote and even to enforce them, whenever such a thing is possible."

Dr. Landis, in the January number of the *American Journal of the Medical Sciences*, for 1877, when speaking of the mechanism of occipito-posterior positions, says, "to make rotation feasible, and with safety to the child, the shoulders must be rotated so that the child's back may present anteriorly."

Now I am prepared to show, by a number of cases, that by such a change the labor will be greatly accelerated, and the mother may be saved much unnecessary labor and pain; for nature will often take several hours to accomplish that which a skillful obstetrician can perform in a few minutes.

CASE 1.—October 2d, 1872. Mrs. Antrim, a primipara, with a contracted pelvis. The first stage of labor was very slow, but when the os was sufficiently dilated I found the vertex presenting, with the occiput posterior, in the fourth position of Baudeloque, which I changed to a second. On applying the forceps the head did not advance; removed the blades and found that the head had returned to its former position. I therefore altered it again, and retained it with my hand until the instruments were applied to the sides of the head, when it required all my strength, with the "bearing down" efforts of the mother, to deliver it. The pressure of the forceps and the traction had elongated the child's head considerably. The shoulders and body had not changed. The child was somewhat exhausted, but in a few minutes it cried lustily.

CASE 2.—April 12th, 1873. Mrs. Roth. Was taken in labor at 10 p. m. After midnight, about one o'clock, I was summoned, and found the os dilatable, with the vertex presenting, but above the superior strait. I waited three hours, and as there had been no progress, introduced my hand, and discovered an occipito-posterior position, the fifth of Baudeloque, which I turned to a first, when the labor became more active, and a female child was born at 6½ a. m.

CASE 3.—November 28th, 1873. Mrs. Kline; her seventh pregnancy. She had severe pains during the night, but I was not sent for until 7 a. m., when the os was very high up in the pelvic cavity, but slightly dilated, and having a thin wire edge, indicative of a tedious labor. At 10 a. m., as there had been very little change in her condition, I gave her a solution of morphia and valerianate of ammonia, which soothed and gave her some rest between the pains, while I left to visit other patients. At

3 P. M. the os was dilatable, and I diagnosed the vertex in the fifth position, which was turned easily to the first by my hand, when, in a short time, the head advanced, and a girl was born at 3½ P. M.

CASE 4.—January 3d, 1874. Mrs. Fenton, a primipara, had a slow labor, the first stage occupying twelve hours. On examination, I ruptured the membranes, and found the occiput posterior, in the fourth position, which I changed to a second, when the head came forward, and in one and a half hours the labor was completed.

CASE 5.—March 4th, 1874. Mrs. Patterson, a primipara. Being in slow labor all day, I examined her, and found, as I had expected, an occipito-posterior position, the fourth, which I changed into a second, and waited some time for it to advance; but no progress being made in an hour and a half, I endeavored to apply the forceps at 5½ P. M., but I could not lock them. Knowing there was some cause for this, I removed them, and found that the head had slipped back to its former position. Again, having changed it anteriorly, they were easily applied, but it required considerable effort to deliver her, which was accomplished at 6½ P. M.

CASE 6.—May 26th, 1874. Mrs. Eley. At 9½ A. M. the os was dilating slowly, the waters having broken during the night, but at noon there had been so little progress made that I turned the head from a posterior to an anterior position, and by extending my hand up to the shoulders changed them also. After that the head moved onward, but at 1½ P. M. it came to a stand, and as my patient was becoming exhausted, I delivered her with the forceps at 1¾ P. M.

CASE 7.—September 10th, 1874. Mrs. Stagers. Had some neuralgic pains in the anus, extending up the spine, for several days; but on September 9th she had a "show;" the os was very slightly open, and had a thin wire edge. The pains did not produce any change in this condition until the morning of September 10th, when it slowly opened. At noon it dilated more rapidly, and in a few hours I discovered an occipito posterior position, which I turned to an anterior, when it advanced, but on arriving at the inferior strait it was delayed. As the pains were ineffectual, and the mother was getting tired, I delivered her, with the forceps, of a large boy, at 5½ P. M.

CASE 8.—April 19th, 1875. I was sent for

to visit Mrs. Maguire, one of Dr. R. Stewart's patients, as the doctor was sick at home. She was the mother of six children, and had always had quick labors, the doctor seldom getting there in time. This time she had sent for him early in the morning, but by some mistake on the part of the messenger, I did not hear of it until late in the afternoon, and reached the house at 6 P. M. On entering the room she remarked, "I thought you would never come; I feel uneasy; something must be wrong, for I was never so slow." Having quieted her fears I made an examination, and as the os was well dilated, found a fourth position, which I turned to a second, when in a few minutes the pains came on so rapidly, that a son was born at 6¾ P. M.

CASE 9.—December 5th, 1876, Mrs. McDevitt. Was in labor with her sixth child early in the morning. At noon the os was dilating and the child was high up in the womb. At 3 P. M., as the pains were short and ineffectual, I gave her some hydrate of chloral and left her to sleep whilst I visited some other patients. At 6 P. M. the labia were greatly swollen; on introducing my hand I found the head of a large child, presenting with the vertex posterior, which I turned to an occiput front; but I had to turn the shoulders and body also, to keep it in position. On applying the forceps, I thought it would be impossible to deliver her, but having baptised the child, I pulled with all my strength, whilst the nurse held on to the shoulders of the mother, to prevent me from pulling her from the bed. In about fifteen minutes I had the head in the world, but I had considerable trouble to deliver the shoulders. It was born at 7 P. M., and soon cried lustily; its weight was 12 pounds.

CASE 10.—March 26th, 1877. Mrs. Walton, a primipara. Had a slow, tedious labor, with a rigid os, which in twelve hours dilated sufficiently for me to introduce my fingers, when I thought that I had an occipito-anterior position; but she resisted the examination so much that I mistook the presentation. As the head advanced very slowly and she became tired, the pains proving ineffectual, I gave her some ether to inhale, and when under its influence I applied my forceps, but could not move the head. I therefore removed the instruments, and having introduced my hand well up into the uterus discovered that the occiput was posterior, which I turned to the front and again

put on the forceps; having the head fairly in their grasp, it was brought down quite easily, but as soon as it was delivered it rotated to its former position, and I removed the body with the back to the mother's sacrum.

In all these cases the children lived, and although I have changed the position of the child's head nearly one hundred times, I have yet to see one which has been injured by the turning; but on reverting to them, I feel convinced that in some of them I would have saved much time and trouble if I had changed the shoulders as well as the head, in the early part of the labor.

#### SULPHATE OF CINCHONIDIA; ITS PHYSIOLOGICAL EFFECTS AND THERAPEUTIC USES.

BY T. N. RAFFERTY, M.D.,  
Of Palestine, Ill.

The enthusiastic greeting given the resolutions offered by a member of the Kentucky State Medical Society, at the last meeting of the American Medical Association, asking the Congress of the United States to remove the tariff from sulphate of quinine, and the unanimity with which they were adopted, is sufficient evidence of the need of a reliable substitute for that important article. Since we were humbugged, a few years ago, with sweet quinine, most of us have been in the habit of regarding with suspicion and incredulity all substitutes for quinine, and all the cheaper alkaloids of cinchona. Recent trials of eucalyptus globulus, ranked by Jürgensen, in Ziemssen's Encyclopædia, as second only to quinine, have not, I think, tended to remove this unbelief.

These repeated failures have heretofore led us to look upon all of the proposed substitutes as simply "waste material, worked up to sell." If however, they, or any one of them, have been "distinctly isolated, and will stand the test of experience," it matters not if they are or are not the "refuse of other processes." Of the chemical properties of sulphate of cinchonidia, discovered by Winckler, in 1845, it is not necessary to speak, as the province of the present paper includes only its physiological effects and therapeutic applications. My experience with the article in question has extended over a period of some three years, and includes the use of near three hundred ounces. Allowing sixty grains to the case, they would aggre-

gate not far from two thousand four hundred cases, and as a very large per cent. of these have been simple malarial intermittents, this estimate is no doubt too low. This experience has been with patients of all ages, and under nearly all of the circumstances where quinine was thought to be indicated. It also includes its administration to healthy subjects, in order to arrive at just conclusions in regard to its characteristic action on the system when uninfluenced by morbid conditions. When sulphate of cinchonidia is administered to a healthy subject, in doses of one to two or three grains, its action, so far as I have been able to judge, is precisely similar to that produced by quinine; that is to say, it is a simple, pure, bitter tonic, increasing the appetite, and stimulating not only the digestive, but, either directly or indirectly, all the other vital functions. Given in doses of five to twenty grains, or more, cinchonidia acts especially on the brain and nervous system; and here, I believe, is a decided difference between its action and that of quinine, although most writers have made their effects identical, except in degree. The first difference which I have noticed, is that while quinine occasionally, and in some persons frequently, irritates the stomach, cinchonidia does so much the more frequently, this being, in many instances, the greatest drawback to its use. In asserting this, I am aware of the fact that it has been urged by some, if not most, of those who have written recently on this subject, that the cinchonidia is much less apt to produce nausea than quinine, and for this reason is often to be preferred, especially in children, and in all febrile diseases in which the stomach is disposed to a state of irritation. Thus, in a letter to the MEDICAL AND SURGICAL REPORTER, published last year,\* the writer states that one of the *advantages* of its use, is that "it is better tolerated by the stomach, not being nearly so liable to produce nausea and vomiting, especially when given during the height of the febrile exacerbation."

Comparing the effects of cinchonidia still further, with those produced by the sulphate of quinia, there is a marked difference in the effects produced on the brain and nervous system. And in this, too, my experience has led me to differ in opinion from some who have given their views on the same subject. Among the most disagreeable effects following the

\* Vol. xxxiii, page 358.



administration of quinine, and the first cerebral symptom usually presented, is a buzzing and roaring sound in the ears, accompanied by partial deafness, and occasionally a disturbance of vision. None of these phenomena usually follow the introduction into the system of cinchonidia. In regard to the other so called nervous symptoms produced by quinine, there is still a difference from those induced by the article in question, though most of these differences are only in degree. The dizziness, the staggering, the occasional irregular muscular movements, the tremblings, and all the other evidences of nervous depression that characterize the action of large doses of quinia are considerably augmented where a corresponding amount of the cinchonidia is taken. Quinine generally renders the pulse slower\* and always weaker, while the action of cinchonidia produces a corresponding feebleness of the circulation, but so far as I have been able to verify it, always increases the frequency of the heart's action at the same time, indicating by this its greater power as a cardiac depressant. At least, in no other way can I account for this increased frequency of the pulse, which amounts in most cases to from ten to fifteen pulsations per minute. The attendant muscular prostration and accompanying profuse diaphoresis are still further positive evidences of its direct sedative action.

It is unnecessary here to discuss the question as to whether this sedative action of the alkaloids of peruvian bark is indirect, and the result of over-stimulation, as maintained by Wood, Stillé and most former writers on therapeutics, or a directly depressing influence on the nervous centres, as held by many recent authors, and especially, the Germans; though I believe the latter to be the correct theory. Before proceeding to the subject of the therapeutic applications of cinchonidia, it may be well to briefly indicate, in contrast, some of their supposed differences in physiological action. As we have seen, the first observable effect of a full dose of sulphate of quinia is that "cerebral phenomenon, abnormal sound, buzzing and roaring in the ears, obstructed hearing, and sometimes deficient vision." None of these, I have said, are induced in any marked degree by cinchonidia; quinine produces, sometimes, nausea and vomiting; cinchonidia does so much more frequently; quinia reduces the

force of the heart's action always, and its frequency almost always; while cinchonidia diminishes the force with as much certainty, but in most persons increases the number of pulsations. Both produce muscular prostration, lower the temperature of the body, followed by profuse and clammy perspiration, and in excessive doses may result in prostration and collapse.

With reference to the therapeutic uses of cinchonidia, I have, as before stated, used it in nearly all the forms of disease for which the sulphate of quinia has been supposed to be indicated, and the object of this paper is to compare the two remedies, in order, not to ascertain any new therapeutic indications which may be fulfilled by the alkaloid in question, but only to test its merits as a substitute for quinine, which, on account of its scarcity and consequent high price, has recently been almost beyond the reach of the poorer classes of people, to whom, as stated in the resolutions before referred to, it is nearly as important as bread. As a simple tonic, I believe the effect of the two remedies under consideration to be precisely similar, and the cinchonidia may be prescribed with a reasonable certainty of benefit in all classes of cases where this class of remedies are useful. It is as an anti-periodic and anti-malarial agent, however, that we are most interested in deciding on its powers, and it is here that the remedy seems likely to really assert itself, not only as the peer of the old stand-by, but really believed by many to be its superior. The opinion of the Madras commission, in India, could not have been a careless and hasty one, for their statistics abundantly prove the facts therein stated. Their report shows that out of one thousand cases of malarial disease treated with quinine nine hundred and ninety-three were cured; of one thousand treated with sulphate of cinchonidia, nine hundred and ninety were cured, giving quinine the advantage of only three cases in the thousand. In the *St. Louis Medical and Surgical Journal*, for January, of last year, Dr. Reber, of Illinois, reports the use of one hundred and twenty-five ounces of cinchonidia, in the treatment of fifteen hundred malarial cases; and as the result of his large experience, gives the opinion that the results were as satisfactory as if quinine had been used. The testimony of many others published in the various journals during the last two years,

\* Wood's "Materia Medica and Therapeutics."

might be adduced as further evidence of its good effects. My own experience has extended over a series of more than two thousand patients infected with malaria, treated with cinchonidia, and many more than that number treated with quinine.

In point of efficacy the two remedies stand on precisely the same footing, although the effects of quinia are, to most persons, less disagreeable, and for this reason only is it to be preferred. The amount required for the arrest or cure of an intermittent fever is 25 to 30 per cent. more than of quinia. It may be administered by the mouth, rectum, or hypodermically, but it is well to remember that, being somewhat more irritant in its local action than quinine, it is more liable, when used hypodermically, to produce troublesome abscesses, than the latter. In remittent fever it may be administered on the same principles that govern the use of quinine, and during the height of the febrile paroxysm, without waiting for the occurrence of a remission. In cases of irregular neuralgia, chorea, hysteria, and pertussis, I have had no experience with the remedy to test its value as a substitute for the supposed allopathic action of quinine, but by analogy would expect the same result. The therapeutic application of cinchonidia as a sedative, has not as yet, so far as I know, been sufficiently tried to determine with any degree of accuracy as to its reliability. Judged by its characteristic action on the healthy human system, it has claims which may prove it to be the most valuable antipyretic yet discovered. As before stated, the nervous prostration produced by it when thus used is much greater than that induced by sulphate of quinia. My experience with it has not been such as to demonstrate fully the truth of this action when it has been administered to persons in diseased conditions. I have given it in large doses in numerous cases of pneumonia, in a few cases of typho-malarial fever, and two or three cases of puerperal fever. In most of these cases such use has been followed by a marked reduction of temperature, by a reduction of both the force and frequency of the heart's action, and, in fact, by a more or less complete remission. In nearly all of these cases, however, other and well-known antipyretics, as the application of cold, veratrum, and digitalis were used conjointly, thus leaving a doubt as to the part performed by each. All of them, too, have occurred in an intensely

miasmatic district, where all the diseases met with are liable to be accompanied by malarial infection, and its consequent complications. This may account for the apparent good effects following the administration of an antiperiodic. That is to say, the cinchonidia may only have removed the complication, and thus rendered milder the course of the intercurrent disease. The truth or falsity of this can, of course, only be demonstrated by extended trials of the remedy in uncomplicated cases. In typhoid fever I have had no opportunity for a trial. In acute rheumatism cinchonidia would probably act as beneficially as quinine or salicylic acid; mild cases would recover in a few days, and severe ones in two to six weeks.

In approaching the subject of cinchonidia as an oxytocic, which naturally follows in its comparison with quinine (a reputed parturient), I am aware of being again on disputed ground. I do not believe that sulphate of quinia will ever originate contractions of the pregnant uterus, yet it will just as certainly add to their force, when once begun, in many cases. Cinchonidia, too, has this effect; and in two cases occurring recently under my observation, there was to me some evidence of more than this. Both were about seven months advanced in pregnancy, and had tertian intermittent fever, two paroxysms having occurred (the first very slight, however) before the treatment was begun. The treatment consisted in the administration of an opiate, followed by five-grain doses of cinchonidia every three hours, on the day following the chill, until twenty-five grains were taken. Labor set in, in both instances, some six hours after the last dose of medicine had been given, and terminated rapidly. There were no more chills in either case. One of these labors was an almost painless one. Neither had ever miscarried before, and one of them, while pregnant, two years before, had chills frequently, for which she took quinine in large doses. Locally, cinchonidia is slightly irritant to the parts to which it is applied, rather more so than quinine, and would no doubt fulfill the same indications applied to indolent or sloughing ulcers, or when administered in cases of kidney or bladder troubles demanding local stimulation, as in ulceration of these organs, or diseases of the bladder dependent on debility of that organ. While it is not likely that any medicine will ever usurp the place now held by quinine in our therapeu-

tics, yet in times like the present it is important to learn if there are any remedies entitled to be ranked as reliable substitutes. To this rank cinchonidia certainly possesses claims which merit consideration.

## HOSPITAL REPORTS.

### COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC FOR DISEASES OF CHILDREN, BY  
PROF. A. JACOBI.

Reported for the MEDICAL AND SURGICAL REPORTER, by P. BRYNBERG PORTER, M.D.

#### Disease of Ankle Joint.

CASE 1.—This boy, of eight years, you will notice, gentlemen, has a considerable swelling about the ankle of the left foot, with diffused redness and two or three apparently fistulous openings upon its outer aspect. The mother states that this trouble commenced about thirteen months ago, when he began to complain first of a pain in the sole of his foot, of a piercing character; though it was not until some little time after that the swelling about the joint was noticed. Poulticing was kept up continuously, and in the course of two or three weeks a small opening occurred spontaneously. Some time afterward two other openings made their appearance. Only once, so far as the mother is aware, was there a piece of bone of any size discharged from any of the orifices. In making a diagnosis in such a case as this, it is important to note the time that has elapsed since the beginning of the trouble, and as it is now more than a year since that, it points very strongly towards disease of the bone. If there had been an abscess in the soft parts it would not have been of this chronic character. Then, again, the fistulous orifices noticed, and the discharge of bone itself, at least once, leaves no doubt whatever as to the nature of the affection. Now is there caries or necrosis present? Caries is much more common, particularly in the young, and the evidences of it are sufficiently marked here. Among the more serious results sometimes following caries may be mentioned embolism, pyæmia, and amyloid degeneration of the viscera. It is probable that in this case the lower end of the tibia and some of the tarsal bones are involved, and on passing the probe into the various orifices I am able to reach bone distinctly in one instance, though it is not so clearly made out in the others. It is very common, indeed, for caries, under favorable circumstances, to heal up spontaneously, and I am inclined to think that, with proper care, such a favorable result may be anticipated here; so that no operation will be necessary.

In regard to the treatment, it is, first of all,

essential that rest should be enjoined. The child must be kept as quiet as possible, and the foot should remain in a somewhat elevated position a great part of the time. Next, absolute cleanliness is required, and the orifices should be kept open constantly, to permit free drainage from the seat of the disease. Dilute carbolic acid will be found of great service in such a case as this. Internally I shall advise the administration of phosphorus, which, as you know, I have been using pretty freely for the past year or more, and which has seemed to me to give very fair results in all cases of children where the osseous system is affected. This patient should take one-sixtieth of a grain of phosphorus three times a day, and this is the only medicine that will at present be given him. By way of diet he should have plenty of meat, milk and eggs. We will keep him under observation for a month, at least, and if by the end of that time there seems to be any improvement in the condition of the ankle, any operative procedure will, in all probability, be unnecessary; but if no improvement is noted, we will then have to be guided by circumstances, in the further conduct of the case.

#### Paraphimosis.

CASE 2.—This little fellow, five years old, has been playing with his penis, and, as you see, has managed to get it in a very uncomfortable condition. There is considerable tumefaction of the parts, and the strangulated glans looks very red and angry; the condition of paraphimosis having lasted since yesterday afternoon, as I learn. It is not uncommon for boys to tie a string around the penis, and then wait to see what will come of it; and the result is, unfortunately, sometimes serious enough. The swelling produced thereby is usually very great, so that it may be entirely impossible to see the string at all, and I have known the organ actually to slough off, in consequence. In other cases I have seen a fistulous opening into the urethra result. In the present instance, however, our little friend does not seem to have practiced any such ligation of his penis. In reducing a paraphimosis, it is sometimes necessary to administer chloroform, but I will do without it here, for I think the pain that he will suffer in having the prepuce restored to its normal position will teach the boy to keep his fingers away from his penis, and so avoid paraphimosis in the future. Having now effected the reduction by careful and steady pressure upon the glans, you will notice that there is still a little oedematous swelling remaining; but this will all pass off in the course of a few hours.

#### Pleuro-pneumonia.

CASE 3.—The following history has been given me of the child which I next present to you. Thomas A., aged six years. October 13th, 1877. Was always well, up to five months ago, when he was taken with a violent pain in the region of the stomach. This came on suddenly,

was paroxysmal in character, and passed off as suddenly as it commenced. There was no return of the pain until about ten days ago, when the child had another similar attack. From the time when it first occurred he has been steadily losing flesh, and about a month ago he commenced to cough. On two occasions only has there been any expectoration, and then the sputa were yellow and tenacious. There has been some dyspnoea from the first, and this has continued to increase with the emaciation. The temperature, October 13th, was  $100\frac{3}{4}^{\circ}$ . To day, October 17th, it is  $101\frac{3}{4}^{\circ}$ . It is not certain whether the attacks of paroxysmal epigastric pain above referred to have any connection whatever with the disease from which the child is suffering; but I am inclined to believe that they were due to the action of the diaphragm, since diaphragmatic pain is not uncommon in thoracic affections. The dyspnoea and cough will, of course, lead us to surmise that there is some trouble, either with the heart or the lungs, and here I might pause to say how insidiously disease of the heart, when not congenital, usually comes on in children. Acute rheumatism is not at all an uncommon affection in early life, but is almost always so much less severe than in older persons, that it very frequently escapes notice altogether. Yet, notwithstanding lightness of the attack, it is almost invariably accompanied or followed by endocarditis. Almost no case of rheumatism, I may say, occurs in young children, without this complication, and I have seen cases in which the rheumatism was scarcely noticeable at all, and yet, in which there was fully developed endocarditis, with a loud bellows-like murmur (usually mitral). As to expectoration having been seen but twice, as recorded in the history, there can be no doubt that the boy has swallowed the sputa coughed up, as is so commonly the case with children, since it is hardly likely that cough should continue for this length of time without more or less expectoration. The matters expectorated, after being swallowed, are in part digested, and in part pass off in the dejections.

On an examination of the chest, we find that there is the most marked dullness over nearly the whole right side, so that there is no perceptible difference in the percussion-note over the lung and that over the liver. On auscultation there are noticed the signs of pneumonic consolidation all over the upper two-thirds of the lung, while in the lower part there is not only absence of the vesicular respiratory murmur, but of bronchial breathing. This fact, together with some slight bulging between the ribs in this part of the chest, leads us to the diagnosis of pleurisy as well as pneumonia, and this is confirmed by the hypodermic syringe. On plunging the needle through the chest walls, I draw off a syringe-ful of clear serum, showing that the pleuritic effusion has not yet become purulent.

It is characteristic of pneumonia, in children, that it lasts a long time, as in the present

instance. In a large number of cases pneumonia supervenes upon general bronchial catarrh, and one is apt to follow another for an indefinite period. These consolidations of the pulmonary tissue are the result of infarctions in various parts of the lungs, and especially of the posterior portions, where they are due to hypostatic congestion, arising from the position on the back in which children lie so much. They vary very greatly in their duration and extent, sometimes occupying a considerable portion of lung-tissue, and sometimes being quite minute, and are apt to occur spontaneously in both lungs. In the case before us we have no means of ascertaining whether the trouble originally commenced in the part where it is now located, but the probabilities are that it did not. In the ordinary croupous pneumonia of adults, however, the disease runs a certain definite course, and is soon over. Here it has already lasted for about six weeks, and very likely will continue for some time further. In practicing percussion upon children (I will take this opportunity of cautioning you) you should be very particular always to do it gently, for he but displays his ignorance who makes use of much force. The reason for this is that the intestines are in such close proximity, that a powerful percussion-stroke will elicit a certain amount of intestinal resonance—and the same is true in adults—over the lower portions of the lungs. As I before remarked, the trouble in this case is very extensive.

Now, one of the first indications here is to get rid of the pleuritic effusion, and to this end many would employ a blister, tincture of iodine, or some other form of counter-irritation; but in this case I should avoid such agents, if possible, on account of the irritation they produce. The child, as you see, is quite feeble, and in order to get well it will need all the sleep that it can possibly get, and anything that will interfere with its repose will so far prove injurious. Internally we might employ some of the various diuretics, such as the iodide of potassium, bitartrate of potassa, digitalis, or simple water, and externally we might make use of the hydropathic cold-pack. The great trouble with the latter, however, is that it requires a great deal of reactionary power on the part of the patient, and if reaction does not take place after it, it is apt to be very injurious. Sometimes all the body will react except the feet, which will make the patient very uncomfortable; so that in some cases it is a good plan to apply heat to the feet, while the rest of the person is in the cold-pack. In the present instance I think the hot-water pack would be much better than the cold; and to further increase the diaphoresis produced by it, we might give the old fashioned spirit of mildererus, *liquor ammonii acetatis*. To produce its full effect the latter ought to be given, half and ounce at a time, in a cup of hot milk. Jaborandi is also a very efficient diaphoretic, producing the most copious sweating; but it is open to the objection of causing very uncom-



fortable salivation, as well as nausea. A great improvement on this is the active principle of jaborandi, the alkaloid pilocarpine, which is just as efficient, and does not produce nausea, while the salivation caused by it is not so marked. Its effect is exceedingly prompt, and the proper way to employ it is by means of the hypodermic syringe. For this purpose a solution of two per cent of the pilocarpine should be used, and of this almost thirty minims should be administered to an adult, and fifteen minims to a child. Within a minute after it has been injected under the skin a profuse diaphoresis is produced, which continues for twenty, thirty, or forty minutes, and in some instances for over an hour. This agent is extremely useful where we wish to get an immediate effect, as is often the case in Bright's disease, for instance. I have now used it in a pretty large number of cases, and have never known it to fail in a single one. As the temperature is still quite high, quinine is indicated in addition to whatever other remedies we may employ. The treatment, then, that I would recommend for this child would be somewhat as follows: Eight grains of quinine a day, given about noon, until the temperature is reduced; a drachm or a drachm and a half of bitartrate of potassa once a day, and five grains of iodine of potassium four times a day. In addition, diaphoresis may be produced from time to time, by some of the means above mentioned. If suppuration in the pleural sac should supervene (and this would be indicated by an increase in the temperature), all the fluid should be promptly evacuated.

## MEDICAL SOCIETIES.

### THE AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES.

The eighth annual meeting of this association was held in Chicago, September 12th and 13th. The President, Dr. T. L. Mason, of Brooklyn, presided. The first paper was by the Rev. John Willett, Superintendent of Kings County Home, New York, on "The Diseased Appetite of the Drunkard, and its Cure." Mr. Willett utterly disowned the miraculous-cure theory advanced by the new order of religio-temperance teachers, and claimed that the recovery of the drunkard from his degraded condition must be attained by human means. He invited the "deluded zealots" who insist that the drunkard's habit and appetite can be cured by miraculous interposition, to visit an inebriate asylum and experiment on its inmates. He asserted that spiritual means never could reach the diseased appetites and disordered nervous system of the inebriate. He must have proper medication and rest of both body and mind. The inebriate is physically sick, and must go back to health along the line of natural laws.

Dr. Albert Day, of Washingtonian Home, Boston, Mass., read an elaborate paper on "The Curability of Inebriety." Summing up his conclusions as follows:—

1. Inebriety is a disease; developing diseased emotions; weakening the will power; depressing the moral elements of nature, and developing the lower and animal propensities.

2. Alcohol in excess is not a stimulant but a powerful depressant.

3. With proper treatment, the disease or habit may be cured, as other diseases of the nervous system.

4. There is a great and increasing demand for homes and refuges for inebriates, where they can be treated properly.

Dr. C. W. Earle, of Chicago, read a paper on "Persistent Alcoholism," which brought out much discussion.

Dr. J. B. Mattison, of Brooklyn, N. Y., read a paper on "The Responsibility of the Profession in the Production of Opium-taking," asserting that high authorities concur that the opium habit has its inception in prescriptions ordered by physicians. It is, therefore, advisable not to recommend opium continuously for the purpose of allaying pain, especially with patients of a nervous temperament, lest the physician might become the innocent cause of setting the spark to the fire that may only be extinguished with life. The writer held that fully 80 per cent. of the cases of opium inebriety in this country may be traced to opiate prescriptions. Physicians are too ready to prescribe opiates for the relief of pain or insomnia, and too careless about seeing that when the strict therapeutical necessity for its use has been fulfilled the use be discontinued.

An auxiliary factor of great importance is found in the absence of proper restrictions on the sale of opium and its preparations. An apothecary can refill an opiate prescription as often as it may be presented. If this were prohibited many cases of opium use might be stamped out in their inception. Another phase of the question was the use of the hypodermic syringe. While the subcutaneous administration of morphia has contributed immensely to the alleviation of human suffering, it has been asserted that increased facilities for continued indulgence are thus afforded. A prominent member of the Association holds that there is far greater danger of inebriety in this case than where morphia is given *per se*. A pernicious practice exists, of recommending patients to purchase a syringe, and personally employ it.

The remedies for the resultant evils are to be found, first, in a diminished prescribing of opiates, a lessened idea that they are the *sine qua non*, and the substitution of various anodynes, soporifics and nervines, which, though not so efficient as opium, are free from that peculiar property which so often entails dire results. In the second place, careful inquiry should be made as to the neurotic status of the patient, and a study of his nervous

temperament. A frequent use of substitutes interrupting an administration at short intervals, will lessen the chances of habituation. Physicians should keep careful watch over their patients, and demand that they abandon the use of opiates, and especially of the hypodermic syringe, immediately, when the absolute necessity for their use ceases.

A very interesting discussion followed this paper.

The evening session was devoted to social enjoyment.

At 8 o'clock Dr. N. S. Davis delivered the speech of welcome, which was responded to by Dr. T. L. Mason. A banquet had been prepared, and after a discussion of the good things, the following toasts were drunk, in clear, cold ice-water: "Washingtonian Homes and Their Powers," responded to by Dr. Albert Day; "Duty of the Church in the Reform," responded to by Rev. J. Willets; "Need of Reform," responded to by Dr. Widney; "The Endorsement of the Press in the Work of Reform," responded to by Dr. T. D. Crothers.

The Second Day's Session, after the usual formal business, opened with a paper, by Dr. T. H. Everts, of Rushford, Minnesota, on "The Obligation of the State Respecting the Inebriate." The writer was fully convinced of the duty of the State to provide for the care and cure of inebriates. Every person who habitually fails to exercise self-control in the use of intoxicants, becomes, inevitably, either a dangerous person, or a public nuisance. In either case public safety demands that he be placed under control, and, charity failing, the State must interfere. It does so, but in a manner hardly equaled for stupidity in any other branch of Statecraft, in a manner violating the simplest laws, economic, humanitarian, and moral. In other cases of public nuisance the government interferes before the damage is done, but with the inebriate all is different. His "personal liberty" is defended, even against charity, until after he commits crime or violence. The traffic in intoxicating liquors, as conducted in this land, is the proximate or exciting cause of nine-tenths of the cases of inebriety occurring. This traffic the State sanctions nearly everywhere, either protecting it by license, or by making it such an extraordinary source of revenue as to incur the charge of sharing the profits. If the State thus deliberately sanctions so dangerous an institution, how can it escape the responsibility of caring for the victims? There is no justification of the extraordinary and unequal tax levied upon the liquor traffic, than that it entails extraordinary duties and cares upon the State, notably those of "police regulation." This consists simply of the arrest and abuse of one party to the trade, when he had become, through liquor, bankrupt in character and purse. The State of Minnesota has gone so far as to impose a special license-tax upon the liquor interests, the proceeds of which are to be expended, as far as practicable, in remedying the worst evils

incident to the traffic. There is no doubt that the true cure is the total suppression of the traffic, but until that can be done the State is under obligation to furnish the best known means of cure for this most widespread and destructive disease.

Dr. Wilkins, of Washingtonian Home, Chicago, read the next paper, on "The Work of Inebriates," followed by Dr. C. F. Widney, of St. Louis, on "The Prevention of Opium Inebriety." His plan consisted in the gradual reduction of the drug in its use, because the sudden withdrawal of the customary narcotic often endangers life. His method of cure was what was known as the "gradual treatment," and consisted in gradually reducing the amount used, and finally stopping all stimulants. Among the remedies which he had found most beneficial were: Cannabis, belladonna, henbane, bromide of potassium, and quinine; coffee he regarded as objectionable, while in conclusion he made the statement that the opium habit could only be effectually treated in institutions specially devoted to its cure. All physicians prescribing the opium drug as a medicine, should inscribe on the label of the bottle, "not to be filled again," and in this way would a great amount of the disease be prevented.

The next paper was by Dr. T. D. Crothers, the Superintendent of Walnut Hill Asylum, Hartford, Conn., on "Inebriety and its Symptomatology."

After explaining the meaning of the term inebriety, by saying that it meant a cerebro-psychal disorder, manifested in cravings for fluids which shall relieve some want in the organism, or the expression of exhaustion and degeneration seeking restoration through perverted nutrient desires, the Doctor proceeded to say that dipsomania was a stage of inebriety in which the disorder was intensified into mental perversions and anæmia, overwhelming all other conditions. Alcoholism was a toxical condition, caused by alcohol, of limited duration, and was another stage of inebriety. Inebriety, in general terms, was a distinct neurosis, very commonly inherited, often beginning with the first toxical effects of alcohol, or a single glass of liquor taken under certain conditions. The entire organism was affected by acute and chronic degeneration, which seemed to pursue a definite course with fatal termination, unless checked? Within the past few years a new type of inebriety had appeared, marked by the intensity of all the symptoms, prominent among which were mental excitement, depression, muscular tremors, exhaustion, paralysis, and suicide. This new type was evidently the outgrowth or result of speculating, gambling, horse-racing, business failures, etc. The number of such cases confined in insane asylums showed that it had so closely merged into mania as to make it difficult to draw the dividing line. Nearly all cases of inebriety might be grouped under two forms, namely, conscious and unconscious inebriety. In the former, the patient was keenly sensitive of his

condition, and at times made impulsive efforts to recover; rarely had delusions or delirium tremens. This form often began insidiously, from obscure exciting causes. In unconscious inebriety, the patient never clearly comprehended that he was an inebriate, and made but short and feeble efforts to recover. Well marked lesions, both physical and intellectual, were apparent, with a decided tendency to merge into mania or paralysis; the victim was filled with delusions, especially of self-control and inherent strength. In such cases both sides of the brain were involved, and both structural and functional degeneration were present. Inter-current disease came on rapidly, with various complications. Next were described the signs of inherited inebriety, among which were strange delusions as to the value of food. Among the curious characteristics of this unconscious inebriety were the tendency of the inebriate to seek sudden wealth by new and strange methods, reasoning on the problems of science and mysteries of life in an erratic, confused way. The class of men afflicted with this type of inebriety frequently included leaders of society and politics, often occupying prominent places in the business world, and often agitators of religion, science, etc. Such cases were always on the border of both insanity and inebriety, and sooner or later, some unknown factor determined which would predominate. Unless insanity or acute disease was developed first, inebriety was always a sequence.

Dr. N. S. Davis, of Chicago, then read a paper on "The Principles that Should Govern us in the Treatment of Inebriates, and the Institutions Needed to Aid in their Restoration." In opening, Dr. Davis referred to the fact that all the opposition they (the physicians) had encountered from moralists and Christians, and most of the controversies which had sprung up concerning the treatment of inebriates, and the value of inebriate asylums, had arisen from the confounding of causes and effects. In other words, the habit of using intoxicants and the effects of such intoxicants, had both been included in the single word inebriety. One class talked of inebriety as a vice; the other class called it a disease; and hence the controversy between them. Yet both were correct so far as regarded the leading idea in the mind, and both incorrect in so far as they use the same word to convey different ideas. That the voluntary act of taking intoxicants sufficient to produce inebriety was a vice for which the individual was morally responsible, probably none would deny. That the condition of the brain, nerves, and blood, which constituted inebriety, was a morbid or diseased condition of those parts, was equally plain. The vice should be corrected by mental and moral influences. The effects of such intoxicants on the human system should be medically treated as other diseases are treated. He could not approve of the general term of inherited drunkenness. A child of an inebriate would not necessarily

become an inebriate himself. The fact of his father or mother having been an inebriate simply made him more liable, but did not compel him, to become an inebriate. Instead of inherited inebriety, the phrase "Predisposition to Inebriety," should rather be used. His own experience, extending over a period of forty years, had induced him to believe that even the hereditary predisposition to inebriety had been greatly overestimated. The fact that many children, even in their infancy, were taught to use intoxicating drinks, was often overlooked, and the children were said to have inherited drunkenness without strict foundations for the conclusion. After speaking of the origin of intoxicants, and their use among all nations and tribes, Dr. Davis said that all could be resolved in the proposition that the use of anæsthetic and intoxicating agents was founded primarily on simple experience, and not on any innate or natural instinct belonging to the human race; the only instinct involved in the matter being a desire for relief from unpleasant impressions, or the enjoyment of pleasant ones.

Dr. Davis then spoke of the principles that should govern in the management of cases of inebriety. He spoke of, 1. The necessity of removing the inebriate from the further direct use of alcohol. 2. To subject him to such intellectual and moral influences as would fully enlighten his mind in regard to the effects of alcohol on the human system, and arouse his moral faculties and conscience to a more active appreciation of his duties and responsibilities toward himself, his fellow men, and his God. 3. To secure for him such hygienic treatment as the morbid conditions of his mental and physical system may need.

After describing the second class of drinkers as those who have actually become so far addicted to the use of intoxicants as to have become more or less frequently intoxicated, but who are yet capable of exercising much self-control, and possessed of an honest desire to be free from their vicious habit, and the third class, as confirmed drinkers, and describing the character of institutions suitable for the second class, Dr. Davis spoke specially of the institutions suitable for the two sections of the third class, or confirmed drinkers. For the benefit of one section, those who could pay for it, institutions similar to those now existing at various places should be provided. For the other section of this class, he said, there should be institutions established and maintained under State or municipal authority, and, in addition to the means of intellectual, moral, social, and medical treatment belonging to the first section of institutions for confirmed drunkards, they should have regular, systematic, and useful work provided for all the inmates. Admission to these should be through legal process, with legal authority to detain the inmates for a sufficient length of time to admit of thorough renovation and recovery. Our whole system of police management of drunkenness should be changed. Instead of repeated arrests, petty

finer, and thirty, sixty, or ninety day sentences to Bridewell, in direct contact with criminals, which all past experience had shown only aggravated the evils, the law should provide for having complaints against all of this class lodged with the judge of the county, or other court of record, and such judge should be authorized, on the certificate or testimony of two competent and well-known physicians, to commit the party to an asylum, such as above described, for a term of not less than one or more than five years, unless sooner discharged for good conduct and full recovery, by the superintendent in charge of the institution. Under such a system of management this class of institutions could be made very nearly, or quite, self-supporting, and a very large proportion of those brought under their influence permanently restored to health and good citizenship. Such a system would place the legal relations and personal liberty of the confined inebriate on the same level with the insane, with

institutions specially adapted to effect his reformation.

Other papers were read, and very interesting discussions followed. The President's address, on "The Disease of Inebriety," was very able and learned. These papers will doubtless all appear in full, in the organ of the Association, viz., the Quarterly Journal of Inebriety, of Hartford, Conn.

After electing the following officers, they adjourned, to meet in Boston, Mass., September 10th, 1878:—

*President*—T. L. Mason, M.D.

*Vice-Presidents*—Albert Day, M.D., Boston; T. E. Everts, M.D., Rushford, Minn.; N. S. Davis, M.D., Chicago; M. B. Comings, New Britain, Conn.; Prof. D. Wilkins, Chicago; and Hon. Otis Clapp, Boston.

*Secretary and Treasurer*—T. D. Crothers, M.D., Hartford, Conn.

*Foreign Corresponding Secretary*—Joseph Parrish, M.D., Burlington, N. J.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Raw Beef in Splenic Enlargement.

Dr. E. R. Tenison gives the following case in the *British Medical Journal*. Mrs. S., aged 31, married, has had two children. The last was born four years since (1873). The labor was premature, and was followed by very severe hemorrhage, from the weakening effects of which, however, she quickly recovered. Her health continued good till June, 1876, when, without any cause, as it seemed to her, her appetite failed; and, when she forced herself to eat, frequent vomiting took place. Sometimes the symptoms improved, and she felt better for a week or ten days at a time; but she never altogether lost the feeling of nausea, and disgust for food. In January of the present year she grew rapidly worse. She was unable to take food, save in very small quantities, and the attacks of vomiting were longer, and produced great prostration. On being sent for, I found her much reduced, and the heart's impulse very weak; the pulse feeble, 90, rising to 130 on the slightest exertion; the surface quite pallid; the tongue, inside of the lips, and the gums, pale and bloodless. Raising the head from the pillow produced faintness and singing in the ears. Vomiting occurred every time food was taken. No hemorrhage had taken place, nor was leucorrhœa present. The spleen was much enlarged, but no pain was felt in the region occupied by that viscus. The bowels were torpid. The urine was natural. There was no cedema or symptom of dropsy.

The lungs were healthy. Everything in the shape of drugs and food usual in such cases having been tried, I recommended raw beef, passed three times through a mincing machine, to be given from time to time, in very small quantities, mixed in a little beef-tea. From the first day this treatment was tried a gradual improvement took place. In a week she could take milk and egg, and bore well the iron tonics prescribed for her. In a month she was able to leave her room, and gradually grew stronger till, in June last, she went for a six months' residence on the South Coast.

There was no history to this case. The patient had always been healthy; was born and lived, till her marriage, on a highly-elevated, well-drained part of the Midland region. She never had ague, and never lived in a place where malaria was known to exist.

#### Hereditary Syphilitic Deafness.

Dr. H. M. Jones says, in the *Press and Circular*: I have referred to the large number of cases of deafness which are due to inherited syphilis. I have also briefly alluded to the other characteristics which enable us to detect the syphilitic taint. I have remarked that in many of the patients there is no abnormal appearance of the membrane which can be looked on as pathognomonic. In several others I have seen the membrane dull and thickened, it has lost its transparency, is rather of a gray color, and inflates with a dry click. I believe, however, that it is impossible to define any typical appearance in this affection, in which I



regret to say that treatment has, with me, proved of little avail. If taken in the early stages, or when the symptoms first manifest themselves, much may be done by a rapid mercurialization (inunction), followed by iodide of potassium internally, at the same time that the Eustachian tube is attended to and the tympanum kept free by warm iodide of potassium injections. But when a case comes with extreme deafness (both with the watch and tuning fork), and presenting the characteristic teeth of Hutchinson, and bearing the proofs of an attack of interstitial keratitis, either remote or recent, I have never had a good result from any treatment.

#### Teaching of Therapeutics.

Dr. Charles Phillips, in his introductory lecture on *Materia Medica* at the Westminster Hospital, London, dwelt upon the anomalous position it held in the curriculum of the various examining bodies, also the grave error in uniting in one course two separate and distinct parts or subjects, the "materials" and the "therapeutics." The former is well placed at the beginning of the student's career; the latter should be concomitant with the lectures on surgery and medicine and practice in the wards. This would enable the student to verify the action of drugs, and educate him to prescribe with success. The great attention which has been applied to physiology and pathology on the part of the principal teachers of the metropolitan schools has, it is said, acted to the detriment of therapeutics, and led to much skepticism in the action of drugs, and to nihilism. All teachers of *materia medica* have become deeply impressed with the injuriousness of the present system, and its condemnation has had their unanimous approval. Dr. Harvey, of Aberdeen, Dr. Farquharson, of London, the late Dr. Parkes and others, have either pressed the matter upon public notice, or expressed themselves in its favor. The Cambridge University has (March 1877) introduced this necessary change in the curriculum, an example which it is to be hoped will soon be followed by the other authorities.

#### Local and Preventive Treatment of Puerperal Fever.

Dr. Fritsch, considering that this state is due to the introduction of septic matter, which acquires its specific character from the particular state of the genital organs at this period, recommends the systematic adoption of anti-septic measures.

His object is not only to prevent infection by the hand of the accoucheur or midwife, but also to arrest the products of decomposition which may develop in the uterus itself. The prophylactic measures recommended by Dr. Fritsch are thus given by *Le Bulletin de Thérapeutique*. Before making an examination the hands must be well washed with soap, the nails

well brushed in a solution of phenic acid, in the proportion of 30 grammes of the acid, 3 grammes of glycerine, to one litre of water. All instruments should be disinfected with phenic oil. The patient should be prepared, if possible, by a sitz bath, the vulva and perineum carefully washed with soap, and the vagina laved with a phenic solution. After confinement, particular attention should be paid to the flow of the lochia, and in the ordinary position of the patient there is danger of its accumulating at one point, before its discharge. To avoid such complications, Dr. Fritsch injects a solution of phenic acid (two parts to a 100), at a temperature of 31 degrees, by means of an irrigator, containing at least a litre of fluid, so that it comes out at last colorless. Fritsch, for this injection, uses a silver catheter, 30 centimetres long and 6 centimetres in circumference, with a curvature a little greater than that of the forceps. This irrigation is performed three times a day, at six, one, and nine o'clock, while the vagina is washed every three hours, by the nurse. The greatest care must be bestowed on every patient, but the irrigation need only be performed after an operation, especially in cases where the fœtus was dead or decomposed, after the injection of perchloride of iron, after clots, and in cases of a feverish condition of several days' duration. The advantages claimed for this method of treatment are—the vulvular orifice soon ceases to be painful, any œdema rapidly disappears, all wounds heal without the formation of a granular surface, the quantity of the lochial discharge diminishes rapidly, the uterus contracts more quickly, and the temperature falls with greater rapidity.

#### The Influence of Music on the Physical and Moral Nature.

The *Lancet* states that the Académie des Sciences Morales et Politiques received, at its sitting on July 18th, a memoir by M. J. Rambosson, on the "Specification of the Different Influences of Music on the Physical and Moral Nature." M. Rambosson attempts a new application of the theory of the transformation of mechanical movement into psychological and psychical movement, with a view to employing music as a means of curing or mollifying the maladies of body and mind. He passes in review some of the affections on which we can act by means of music, and he tries to explain this action scientifically, as well as the general influence of music on the development and functional play of the moral and intellectual faculties, and on the physiological state of individuals. This general influence may be decomposed into specific influences, and M. Rambosson, by means of this specification, arrives at the following results:—There is, first, a music which acts specially on the intelligence and on the motor nerves; secondly, a music which acts specially on the nerves of sensibility and on the sentiments; thirdly, a music which acts all at once on the motor nerves and on the

sensitive nerves, on the intelligence and on the sentiments; this, in general, is the action which most frequently occurs. M. Rambosson, besides, believes he has discovered, between the effects of music and those of the aliments which modify the nervous system, such analogies that the laws which regulate the one and the other might be formulated in the same terms. We might, according to him, establish a method, in hygiene, in medicine and the moral sphere, of profiting by these specific influences, above all, in the treatment of mental maladies and nervous affections, making allowance, of course, for individual idiosyncrasies. In short, he considers music as an agent at once psychological, phrenological, and therapeutic, capable of performing a considerable part in the phenomena of life, and the employment of which would be susceptible of application according to precise rules based upon scientific principles.

#### Infesting Chancre.

Dr. Cadell read a paper on the varieties of infecting chancre, before the Edinburgh Medical Society, recently. After defining the term infecting chancre, and criticising Mr. Hutchinson's statement that "dualism was dead," Dr. Cadell went on to give the varieties of infecting chancre. These were: 1. The true Hunterian chancre, with its hard edges and cup-shaped cavity. 2. A nodule, with an erosion, or only desquamating. 3. Ricord's parchment induration. 4. Multiple herpetic eruptions. In all these there were induration, long incubation, scanty secretion, and general adenitis, followed by constitutional syphilis. Dr. John Duncan believed that the typical form of syphilis was a circular neoplasm, modified by the tissues in which it might come about. Thus, in the skin the manifestation was a circular papule. Here, again, it was modified by locality, by intermingling with external irritants, by the constitutional condition of the recipient of the poison, and so on. Applying these general observations, it might be said that syphilis was a single poison, and its first manifestation had a typical form modified by locality, viz., a circular papule modified into the shape of the Hunterian chancre in some cases, the desquamating nodule in others, or the chancreoid erosion of Ricord when in mucous membrane. It was also modified by admixture with other poisons, viz., in the unhealthy constitution of those in whom it occurred. Indeed, it might be so modified that the type was not recognizable, as in phagedæna, although followed by constitutional disease. Unfortunately, there was one modification, causing a difference of opinion, arising from a difference in word, in fact, and in the interpretation of fact. The dispute as to fact was from the occurrence of the soft chancre, i.e., a sore of a purulent character, immediate development, and power of auto-inoculation.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—Catalogue of the Alumni of the Medical Department of the University of Pennsylvania, 1765-1877. Published by the Society of the Alumni of the Medical Department. The complete catalogue of all the graduates of the Medical Department of the University of Pennsylvania, is completed and ready for sale. \$1 each. Can be had of Dr. Horace Y. Evans, N. E. cor. Seventeenth and Green sts.

—Catalogue. Auction sale of coins and medals, October 25th and 26th, at Messrs Bangs & Co., New York. Catalogued by S. K. Horzfeld, of Philadelphia.

### BOOK NOTICES.

Practical Hints on the Selection and Use of the Microscope. Intended for Beginners. By John Phin, editor of the *American Journal of Microscopy*. Second Edition. The industrial Publication Company, New York.

This excellent book treats of the following subjects:—"The Microscope, What it Is, and What it Does," etc.; "Simple Microscopes and Compound Microscopes;" "Objectives;" "Testing Objectives;" "Selection of a Microscope for Practical Purposes;" "Accessory Apparatus;" "Illumination;" "Illumination of Opaque and of Transparent Objects;" "How to Use the Microscope;" "Collecting Objects;" "The Preparation and Examination of Objects;" "Preservative Processes;" "Apparatus for Mounting Objects;" "Cements and Varnishes;" "Mounting Objects;" and finally, "Finishing the Slides."

Corpulence Treated without Starvation; or, How to Get Lean. By M. M. Griffith, M.D., Parsons, Luzerne county, Pa. Second edition, 50 cents.

The author of this interesting little book does not claim originality, but he has most certainly made a careful and thorough compilation, and it will be found a scientific guide to those in search of relief from the troubles of obesity. It is a subject upon which not only young but many old physicians are profoundly ignorant. Excessive fatness is quite often more than simple inconvenience; it is a diseased condition, rather than an excess of good health. We earnestly recommend a careful perusal of this valuable little book by the profession generally. We shall not go into an explanation of the author's theory, and details of treatment, recommending the curious reader to invest the moderate sum required for the book in its purchase.

## THE

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D. G. BRINTON, M. D., EDITOR.

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**PREMIUMS AND INDUCEMENTS.**

From and after the first of October we are offering to all *new subscribers* the REPORTER for fifteen months (October 1, 1877, to January 1, 1879) for five dollars, one year's subscription price.

That our old subscribers may also receive an equally liberal offer, we make them the following proposition.—

Any old subscriber who will send us one new subscriber to the REPORTER, remitting ten dollars to cover the two subscriptions, will receive the Physician's Daily Pocket Record for 1878, or the Half-Yearly Compendium for 1878, *gratis*, as he may prefer.

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**THE LAROS CASE AGAIN.**

In the REPORTER, of September 9th, 1876, an account is given of the trial of Allen C. Laros for the murder of his father by arsenic. The after history of the case is, if possible, of even greater interest. The verdict of the jury was murder in the first degree. Mere mention need be made of the more than ordinary attempts of ingenious counsel to prevent the consequences of the verdict: a motion for a new trial, with exceptions in abundance; pleas in bar of sentence, for various causes; an appeal to the Supreme Court; all followed in rapid succession; and finally an application for a commission of lunacy was made. This brings us to the mental condition of the prisoner—the real item of interest to the profession.

The "spells," which, upon the opinion of Drs. Curwen and Green, were decided by the jury not to be epileptic, were heard of but little by the public during the law's delay; there is testimony to the fact that he had them two or three times a week, "always of the nocturnal variety." The time for the execution was fixed for the 10th of September. Early in August it was reported that these convulsive attacks were greatly increased in force and frequency, and that the man had become wholly idiotic. At the August meeting of the County Medical Society, the jail physician, Dr. A. Seip, extended an invitation to the members to visit the prisoner whenever convenient. The members being anxious to know of his true condition, quite a discussion followed this invitation, which develops the following: Dr. Seip believed that his patient was subject to genuine epilepsy, of a typical character; he had attempted to give bromides but the prisoner would not take them, and he desisted, and was using no treatment whatever. His convulsions had increased so that he had had as many as twenty-eight in one day. There had been hemorrhages, from the mouth and nose, and once certainly from the ears, which had been so very profuse that the blood had to be mopped.

The man was apparently deaf, spoke only one or two sentences, did not eat anything unless it was placed up to his mouth, when he would seize it and devour it voraciously. As a result of the invitation, a committee of seven were appointed to visit and report. The committee made two visits, extending over several hours each, but were divided in their opinion. Five, in their report, essentially say that the disease is not proven, and that without additional tests they could not give an opinion. The ether test, as described by Keen, Mitchell and Morehouse, *American Journal of Medical Sciences*, October, 1864, to give which they had not the authority, and which had not as yet been tried upon the prisoner, was especially desired. The minority of the committee, in their report, insist both on the epilepsy and insanity of Laros; condemn the majority of the committee for hasty action in arriving at a conclusion (which was hardly a conclusion) after only two visits, and review the ether test, pronouncing it unsatisfactory.

In the meantime, upon affidavit of the jail physician, the Court appointed a commission in lunacy, which finally consisted of Drs. Wm. Pepper, of the University of Pennsylvania, S. Preston Jones, of the Insane Department of the Pennsylvania Hospital, "Kirkbride's," and George Ross, Esq., of Bucks county. By the time the commission was ready, a reprieve was necessary, the day of execution being postponed until the 22d of October. The character of the disease changed somewhat, the convulsions grew less frequent, the patient regained his hearing and his speech, although the method of his conversation was rather childish. This change took place as a change in the disease, uninterrupted by drugs. The commission made a visit on September 24th, when they viewed the prisoner, saw one convulsion, and spent the rest of the time in taking evidence. On the night of the 6th of October the medical part of the commission made another visit, witnessed another convulsion, during

which they administered ether, and took some more testimony. On the 18th of October they report to the Court that, in their opinion, the man is both epileptic and insane. Reporting "their unanimous and deliberate conclusion to be that the prisoner, Laros, is an insane epileptic, the subject of an aggravated form of epilepsy in an advanced stage, almost entirely devoid of memory and intelligence, and therefore he is of unsound mind, and unfit for penal discipline."

As a result, the Court ordered the prisoner to be sent to the Harrisburg Asylum. The papers were sent to the Governor, and as this was the first case presented to him under this law, he revoked the warrant, so that, if ever cured, a new warrant of execution will have to be issued.

A few extracts from the report and testimony are of sufficient interest to be copied.

"The general nature of these attacks was further shown by the extreme pallor of the face which immediately preceded them, in at least some instances; by the immovable condition of the pupils; . . . by hemorrhages of the mouth, nose and neck, rarely from the ears, without it being possible for the prisoner to inflict any wound to cause such hemorrhages; by involuntary discharge of urine and feces."

At the time of the second visit, pulse 84, breathing regular. When asleep, pulse rate the same; eyes rolled up; pupils small, a convulsion occurring. "The pulse ran up quickly to 110, quick and small; the breathing was but little accelerated; the face grew pale, and in a few seconds he unconsciously turned suddenly and violently on the broad of his back, and instantly terrific general clonic spasms appeared. . . . The conjunctiva was utterly insensible, as shown by drawing the finger nail across the eye and pouring pure whisky in it [this latter was done, however, while the ether was being administered]. . . . As soon as possible (after the diminution of the convulsive movements) ether was freely administered, on a towel. After inhaling more than two ounces, deep anæsthetic stupor appeared, without the intervention of the slightest stage of excitement. . . . The ether was then removed, and in a few minutes he came to, raised himself to a sitting posture and mumbled a few inarticulate sounds."



He then went to sleep, but could be roused. The report concludes with: "there is nothing in his conduct or his speech that would support the theory that he is feigning imbecility."

From the testimony of Dr. L. Ott: "After the fit the pupils contracted upon the appearance of a coal-oil light. . . . His face did not turn paler just before the coming fit, but immediately at the end of the fit; ammonia made him cough; no small capillary hemorrhages under the skin of his forehead; convulsions began in the right hand and foot; were afterward coördinate and symmetrical. . . . Before he entered a fit, breathing 32, pulse 84; after a fit, a few minutes, breathing regular, 48, pulse 94."

From the testimony of Dr. Green: "Within a few weeks I found him looking as well, I thought, as last year. . . . I think it was a simulated attack; I think he did too much."

The testimony of the other medical gentlemen is fairly represented by the quotation from the report. This furnishes another chapter in the history of a grave crime. We shall look with interest for an account of his asylum life.

## NOTES AND COMMENTS.

### What is "Dialysed" Iron?

In reply to this question we give the following brief account from a contemporary:—

"Dialysed iron is a solution of hydrate of iron in water, obtained by dialysis. On the Continent, where dialysed iron is used to a much greater extent than it is here (and whence indeed the use of it has been imported), the solution is made of a strength which corresponds to 5 per cent. of peroxide of iron ( $F_2O_3$ ). To prepare it, recently precipitated and well-washed hydrate of iron is dissolved in a solution of perchloride of iron. The liquid is then placed in a dialyser—a cylindrical vessel, the bottom of which consists of parchment paper—and this in turn is placed in a larger vessel containing water. The parchment paper septum permits the passage through it of the perchloride of iron, but not of the hydrate of iron which it holds in solution, or only to a very small degree. After some time, the water in the outer vessel being occasionally renewed, the liquor in the dialyser is found to be free from all but traces of chloride, and, the strength

of it having been adjusted, is then known as dialysed iron. It is a clear liquid, of a brownish red color, and slightly styptic taste; it should be preserved in closed vessels in a cool dark place. The process is based on some results of Graham's researches on the diffusion of liquids."

To this we may add that, having prescribed Wyeth's dialysed iron in a number of cases this summer, we have been extremely well satisfied with it. It is neutral, tasteless, and well borne in many cases where other forms disagree.

### The "Lancet" on Sermons.

The editor of the London *Lancet* must have been taken to church against his will more often than usual, of late, as he gives vent to his pent-up feelings in the following style:—

"A sermon which is not a conglomeration of florid twaddle is a relief. A sermon which breaks away from dogma and mysticism to deal with matter-of-fact morality is really welcome. A sermon which contains more sense than sentiment is so great a rarity that the preacher of it may look forward to the unusual distinction of being able to address a congregation in which the predominating element may be people of education and of the masculine gender."

### Drainage of the Eye.

In an extremely well written thesis by Mme. Ribard, a method of treatment is studied, which is, as yet, little known, and which promises to give good results in a class of cases hitherto little amenable to treatment. It is the treatment of detached retina and other deep-seated disease of the eye by "drainage," that is, by the introduction of a fine gold or silver thread, which evacuates the collection of fluid, and, while *in situ*, relieves the intra-ocular pressure. The cases are very scientifically observed and accurately stated, and some of the results are of a very encouraging nature. The brochure has been much read and quoted, and has been very favorably reviewed.

### Charcoal for Offensive Breath.

A correspondent of the *Dental Cosmos* says that the best treatment in regard to offensive breath is the use of pulverized charcoal, two or three tablespoonfuls per week, taken in a glass of water before retiring for the night.

#### Composition of Secret Remedies.

Professor Richter states that, among nine hundred and thirty-eight secret remedies analyzed by him, he found (1) 22 per cent. contained substances of violent or poisonous action; and (2) 25 per cent. which, although less active, yet were possessed of medicinal power; while (3) 52 per cent. were of no importance, or quite inoffensive. The first category, especially, comprises violent and poisonous agents for the skin and hair; opiates for children, capable of inducing chronic cerebral disease, or even death; "purifiers of the blood," composed of arsenic or mercury; and a whole legion of violent purgatives, capable of doing, in inappropriate cases, an immense amount of mischief. The third category comprises preparations which have nothing in common with the noxious and poisonous effects produced by those of the first and second, but yet agree with them in being sold at from five to a hundred times their proper value, and thus constituting robberies. All these attacks on the public health and morals take place with the full cognizance of the public authorities.

#### Tippling and Nursing.

M. Anarieu, in the *Archives de Tocologie*, reports two cases in which children, at the breast of apparently healthy and well-to-do nurses, were suffering from convulsions, and in which the children were saved by depriving the nurses of alcoholic potations, in which they were found to be freely indulging. It is a pernicious delusion of nursing mothers and wet-nurses, that, when suckling infants, they require to be "kept up" by alcoholic liquors; and women who are little given to alcohol at other times, become, for the nonce, determined tipplers; this being, perhaps, of all other times, that when alcohol is likely to do most harm and least good.

#### Simple Mode of Relief for Foreign Bodies in the Throat.

A British naval surgeon, Dr. Beveridge, states that for foreign bodies in the throat, such as pieces of meat, etc., a simple mode of relief is to blow forcibly into the ear. This excites powerful reflex action, during which the foreign body is expelled from the trachea. The plan is so easy of execution that, if there is anything in it, it ought to be generally known and applied.

#### A Wise Law Concerning Prescriptions.

The proposition is on foot in Germany to institute a law forbidding druggists to make up any prescription containing strong remedies—as drastics, emmenagogues, sedatives, etc.—unless the prescription is again countersigned by the medical man who originally gave it. This is as it should be, except that it ought to extend to all prescriptions. Neither the patient nor the druggist has any more right to use them for his own benefit than he has to use other private manuscript matter. It would be interesting to see a test case decided by the courts.

#### Symptoms of Copper Poisoning, Produced by Earrings.

Two young girls in Paris suffered from blepharitis, and one of them also from an inflammation of the lower part of the left auricle. All the usual remedies proved inefficacious, but both patients quickly recovered after their copper earrings were discarded.

#### Sclerotic Acid.

This is the last therapeutic novelty. It is said to be the active principle of ergot, and has been isolated by Dragendorff. As yet its price is high, say \$20 per ounce; but the dose is small, gr.  $\frac{1}{2}$ – $\frac{1}{4}$ , by hypodermic injection.

### CORRESPONDENCE.

#### Tincture Digitalis and Veratrum in Hypertrophy of the Heart.

ED. MED. AND SURG. REPORTER:—

In 1876, I had occasion, while treating a case of intermittent fever with *veratrum viride*, to combine tincture digitalis with it, for its diuretic effect. The patient was stout and plethoric, and was subject to palpitation, "shortness of breath," vertigo, and other head symptoms, and not unfrequently pain over the præcordial region. The physical signs were all that was needed to demonstrate a clear case of hypertrophy, and during the attack of intermittent fever the palpitation, heaving of the chest, and contractions of the heart were very violent, so much so that I could see the heaving of his chest some distance from the bed, and it was with difficulty that I could bring his circulation down at all, even with continued and repeated doses of *veratrum*. After combining the digitalis the fever subsided, but the palpitation and heart symptoms continued (though less severe) after the patient had got rid of the fever. Seeing the good effects of the combination

of veratrum and digitalis on the heart symptoms during the fever, and thinking that the prime cause of hypertrophy was overwork, and that the indications were to relieve the overworked organ, to subdue the heightened circulation and bring it down to a more natural standpoint, and, if possible, to maintain it there, I therefore put him on eight drops of tincture digitalis and three to five drops of tincture veratrum viride, to be taken three times a day, and directed him to continue it until some alleviation of his symptoms was effected. I kept him on this treatment for about two weeks, meanwhile closely watching the results; and whenever the palpitation would come on, or when the pulse would begin to rise and become hard and full, I would give the digitalis and veratrum more frequently and more decidedly.

By close attention and sturdy perseverance in this treatment, I was gratified with the good result of curing my patient.

May not the tonic and sedative effects of these medicines upon the cardiac muscles have something to do with the reduction of their hypertrophy? JOHN M. WHITE, M. D.

*Pleasant Ridge, Greene county, Ala., September 23d, 1877.*

#### "The Social Evil."

ED. MED. AND SURG. REPORTER:—

Much has been said in your journal in reference to the "social evil," as it is termed, at different times, both editorially and otherwise. The view taken has been the rational one altogether. In its religious bearing I have seen nothing. I think all evangelical religious denominations differ but little upon one point, that is, that religion is of the heart, and not of the head; that we believe with the heart through faith, and not with the powers of reason. This, then, being the channel through which we should view this question, instead of through our intellectual powers, we find that the Divine injunction is so repeatedly against fornication and adultery, given by the Holy Spirit's operation upon the hearts of good men of old, and left on Holy Record for our instruction, that the true believer cannot make any compromise with this evil whatever; for that which is so plainly set forth in the sacred volume as being so much against the Divine will, and on account of which much of the judgments of the Almighty have come upon man, it appears to me should not be tolerated in any way, provided the strong arm of the law were able to cope with it. Let the fornicator and adulterer, whether male or female, be hunted down as perseveringly as other malefactors are. Would it not be better for the world, and, I might say, better for herself, if the public woman were kept in the prison cell or workhouse all her lifetime, than to let her run at large and ply her dreadful vocation? It is enough to make a parent shudder to think of sending his son, who is just rising into manhood, to engage in business in our large cities, on account of this social

evil being tolerated by our city governments. To legalize it in the manner set forth at different times in your journal makes it a branch of business of a town, and on a level with other branches of business: and possibly the time may come, if this be allowed, when the proprietors of houses may advertise in our daily papers the quality of the article they have for "trade." Who is prepared for this?

The toleration of this evil is producing an unhealthy state of society in our large cities. The sacredness of the marriage contract is being interfered with by it, and celibacy is at a premium with the male sex, on account of it. Legalizing it must largely increase these wrongs. I think the true course, not only for your journal but for all others, would be to press upon our city governments, earnestly and repeatedly, to make stringent laws to rid the town of these female pests to society. If this could be brought about, the "bachelor" would not be so much of an "institution," but young families would rise up instead, under influences which would bring about a more healthy, a more moral, and a more religious state of society. W. L. MARTIN, M.D.

*Rancocas, N. J., October, 1877.*

[The religious aspects of this question should not be overlooked, but should be regarded in the light of unquestionable facts. When it has been shown that legal restrictions lessen the evil, and shear it of some of its worst features, and when efforts at absolute prohibition have invariably failed, the part of the religious man is to accept the facts as they are. We prefer that course which will diminish to the utmost their noxious effects.—ED. REPORTER.]

## NEWS AND MISCELLANY.

### The Sanitarium at Point Airy.

Several months ago the Philadelphia and Reading Railroad granted to a society, known as the Sanitarium for Sick Children, the use of the southern portion of Windmill Island, containing over three acres of ground. Upon this site a large frame building was erected, which contains a ward, office, and other apartments.

During the period from August 6 to September 27 there were admitted to the island—9699 persons. 3544 were adults; 3731 infants in arms; 1157 children under five years of age; 799 under ten years, and 468 over ten years. The average cost of maintenance has been less than nine cents each. It is the desire of the managers to enlarge the structure, and to erect several small cottages for the coming season, and to enclose the grounds, so as to prevent accidents to the many children who will visit the retreat during next summer. During the past season a nourishing diet was furnished to the children and their parents who

accompanied them to the island. The results thus obtained were very satisfactory, as all were benefited, while many lives were saved.

#### The Coronership.

Dr. W. Kent Gilbert, Democratic Coroner-elect of this city, is a son of the late Dr. David Gilbert. He graduated in medicine in Philadelphia, afterward became resident physician of the Philadelphia Hospital, has been practicing medicine in one locality for twenty-four years, is a member of the College of Physicians, Academy of Natural Sciences, Historical Society of Pennsylvania, and Philadelphia Medical Society. He is also consulting physician of the hospital committee of the Philadelphia Hospital. He has, for many years, been taking an active part in politics.

It is a great satisfaction to see competent medical men appointed to this office. We are informed that the present efficient incumbent, Dr. K. Goddard, has made a valuable collection of medico-legal cases from his ample experience, and contemplates giving them to the profession before long. We trust he will do so, as the importance of such carefully made original studies can hardly be over-estimated.

#### Pensacola Quarantine Ended.

WASHINGTON, NOV. 9.—A dispatch received here to-day from Pensacola, Florida, says:—In view of the entire exemption from sickness, and the cool weather, the quarantine at that point has been abolished for the season.

#### Personal.

—Dr. Philip Lansdale, United States Navy, late fleet surgeon of the Mediterranean squadron, arrived in New York city with his family on Wednesday last. He has been abroad three years, spending the greater part of his time in Italy and France.

—Professor C. A. Wunderlich, of the University of Leipzig, died in that city September 25th, at sixty-two years of age, of cancer of the retro-peritoneal glands. He was the author of a well known work on *Medical Thermometry*, and editor of the *Archiv für Physiologische Heilkunde*.

—Dr. Alfred S. Taylor has resigned the office of Lecturer on Medical Jurisprudence and Toxicology in Guy's Hospital. This appointment was conferred on him by the treasurer and governors of the hospital in March, 1831. He has, therefore, held it continuously for the long period of forty-six years. Dr. Taylor held, also, the office of Lecturer on Chemistry, from 1832 to 1870, a period of thirty-eight years.

—Dr. Matthews Duncan has left Edinburgh to settle in London, having been elected to the office of Obstetric Physician at St. Bartholomew's Hospital, on the resignation of Dr. Greenhalgh.

#### Items.

—Three of the greatest hospitals and schools in London have abandoned the practice of giving introductory addresses, and have substituted in their place evening meetings of a social character, such as dinners and *conversazioni*.

—An epidemic of typhoid, affecting twenty families, in the west end of Edinburgh, and already fatal to several persons, is traced, by Dr. Littlejohn, to a dairy, in which a person was suffering from the fever.

—The Russian semi-official journals state that the total losses of Russia in killed and wounded from the beginning of the war to the 11th of October have been 59,434.

—The famous tourist agents, Cook & Son, of London, Geneva, Philadelphia, New York, etc., are opening an establishment at Luxor, in Upper Egypt, for the special purpose of providing accommodation for invalids, for whom hitherto there has been no accommodation in that region beyond that to be obtained on board the "dahabeahs." Arrangements are being made with a European medical man to reside in the establishment during the whole of the winter. The invalids will be conveyed by the Nile steamers, each of which has a surgeon on board.

#### MARRIAGES.

BUGBEE—REED.—In Lower Waterford, Vermont, October 17th, by Rev. M. H. Wells, A. G. Bugbee, M.D., and Nancy Reed, both of Derby Line.

CLANCEY—SADD.—On Wednesday, October 17th, 1877, at the residence of the bride's parents, Cedar Lawn, by the Rev. Dr. Ridgeway, assisted by the Rev. D. W. Rhodes, Dr. D. W. Clancey, of Cincinnati, and Laura Theresa, second daughter of G. F. Sadd, of College Hill.

HILLHOUSE—DICKINSON.—In New York, on Wednesday, October 31st, at the Church of the Transfiguration, by Rev. William Ruider, D.D., assisted by the Rector, Rev. Dr. Houghton, John T. W. Hillhouse, M.D., and Mary L., daughter of the late John Dickinson.

MILES—COLTER.—On Thursday, October 11th, 1877, at the residence of the bride's parents, by the Rev. Dr. F. S. Hoyt, assisted by the Rev. Earl Cranston, Dr. A. J. Miles and Martha, eldest daughter of Aaron A. Colter, Esq.

PIKE—KENNEY.—On Monday, October 29th, 1877, at the residence of the bride's parents, by Rev. George C. Athole, Rector of the Church of the Holy Innocents, William S. Pike and Adelaide E., daughter of Dr. T. R. and E. S. Kenney, of New York.

#### DEATHS.

BATES.—Suddenly, in New York, on Sunday, November 4th, Minnie, wife of W. H. Bates, M.D., aged 26 years.

BERGHAUS.—On September 20th, in St. Maurice, Switzerland, Julius M. Berghaus, M.D., LL.D., A.M., formerly of New York.

BUDD.—On November 8th, Bern L. Budd, M.D., of New York.

NEWTON.—Suddenly, at Hot Springs, Arkansas, Edgar O. Newton, M.D., resident physician, son of Dr. O. E. and M. B. Newton, of this city, aged 21 years and 7 months.

QUINLEY.—At Morristown, New Jersey, on Monday, October 29th, Dr. William De Hart Quinley.